

MAINE JUDICIAL BRANCH

DISTRICT COURT

Location (Town): \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

V.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant

STATEMENT OF CLAIM

(Small Claims)

M.R.S.C.P. 3(a)

Is the plaintiff regularly engaged in the business of purchasing charged-off consumer debt for collection purposes, whether the plaintiff collects the debts or hires a 3<sup>rd</sup> party to collect the debts?  Yes  No

Is the plaintiff's principal purpose of business the collection of debts?  Yes  No

Does the plaintiff regularly collect or attempt to collect, directly or indirectly, debts owed or due or asserted to be owed or due another?  Yes  No

Is the attorney representing the plaintiff one whose principal activities include collecting debts as an attorney on behalf of and in the name of clients?  Yes  No

Is the plaintiff or the attorney representing the plaintiff a "debt collector" as defined by Title 32 M.R.S. § 11002(6) or "debt buyer" as defined by Title 32 M.R.S. § 11002(5-A)?  Yes  No

*If you answered "Yes" to any of the questions above, you will pay the filing fee and surcharge imposed pursuant to Title 4 M.R.S. § 18-A(3-A)(C) for an action brought by a debt collector.*

Briefly describe your claim, including relevant dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The plaintiff requests a judgment against the defendant in the amount of \$ \_\_\_\_\_ plus costs. *If you are asking for an order to repair or return property, to refund money, or to amend or cancel an agreement, state that request here:*

\_\_\_\_\_  
\_\_\_\_\_

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, [accessibility@courts.maine.gov](mailto:accessibility@courts.maine.gov), or a court clerk.

**Language Services:** For language assistance and interpreters, contact a court clerk or [interpreters@courts.maine.gov](mailto:interpreters@courts.maine.gov).

MAINE JUDICIAL BRANCH

Date (mm/dd/yyyy): \_\_\_\_\_

▶ \_\_\_\_\_  
Signature

Is the person signing this Statement of Claim an attorney representing the plaintiff in this action?  Yes  No

If the answer is "yes," all notices and communications from the court will be sent to the attorney. If the answer is "no," all notices and communications from the court will be sent to the filing party.

Attorney for Plaintiff: \_\_\_\_\_

Attorney's Mailing Address: \_\_\_\_\_

Attorney's Telephone: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

Plaintiff's Mailing Address: \_\_\_\_\_

Plaintiff's Telephone: \_\_\_\_\_

Plaintiff's Email: \_\_\_\_\_

Defendant's Mailing Address: \_\_\_\_\_

Defendant's Telephone: \_\_\_\_\_

Defendant's Email: \_\_\_\_\_

**IMPORTANT NOTICE TO PARTIES:** You will be notified by the clerk of the court of the hearing date and time for this case. The notice of hearing will be sent to you by regular mail at the address listed above, unless you notify the clerk of a different address. If the address listed on this form is incorrect or has changed, you **MUST** notify the clerk in writing to be sure you get the notice. **If the plaintiff fails to appear at the hearing, the case will be dismissed. If the defendant fails to appear, a default judgment may be entered against the defendant for the relief asked for by the plaintiff.**

The address of the court where your hearing will take place is:

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MAINE JUDICIAL BRANCH

\_\_\_\_\_ County

I have this day made service of the Statement of Claim upon the defendant \_\_\_\_\_

by delivering a copy of the Statement of Claim to the defendant in hand at \_\_\_\_\_

by leaving a copy of the Statement with \_\_\_\_\_, a person of suitable age and discretion at the defendant's dwelling house or usual place of abode located at \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Deputy Sheriff (Signature)

\_\_\_\_\_  
Printed Name

Service:

Travel:	\$ _____
Postage:	\$ _____
Total:	\$ _____

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